

28	0	0	0
Mother	Father	Grandparent	Other

## 6. Client Type:

10	16	2
Hispanic	Hispanic	Unknown

## 5. Client Ethnicity:

7	8	0	0	7	1	2
Race: White	Race: African American	Race: African American	Race: Indian	Race: Pacific	Race: Other Multi	Race: Unknown

## 4. Client Race:

11	13	4
Married	Not Married	Unknown

## 3. Client Marital Status:

9	5	3	5	6	0
1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status (Father or Grandparent)	Unknown

## 2. Client Pregnancy Status:

0	0	4	5	7	5	4	3
Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age

## 1. Client Age Range:

Dates: 1/1/2017 to 3/31/2017      Grantee Name: Wamena's Life Care Center

Positive Alternatives

Individual - Quarterly Totals

## Demographic Reporting Form

1. Complete a form on each new client who qualifies for participation in the Positive Alternatives program. (Eligible clients are women/men residing in Minnesota who are pregnant or who are parenting an infant 12 months old or younger.) Collect answers for the form at the time the Necessary Services discussion is held with the client.
2. Collect answers for the form at the time the Necessary Services discussion is held with the client.
3. For each question, check the box that corresponds to the category best describing the client.
4. If your organization is not able to collect information requested on the form (e.g., race and/or ethnicity) check "Unknown".
5. For "Client Pregnancy Status", if the client is entering the program parenting an infant 12 months old or younger, check "Post-partum". When pregnancy status is unidentified please check "Unknown". If the client is a father or grandparent please check "Other".
6. Please check your math before your final submission. Each Line should add up to the same total.

## Instructions for completing form